

UNITED WAY CAMPAIGN INDIVIDUAL PLEDGE FORM

EMPLOYERS:
Please make a copy for your records.
Return originals to United Way.

United Way
of Franklin County
www.uwfcpa.org



DONOR INFORMATION Complete in full; Your personal information is confidential and is never sold or shared.

Mr./Mrs./Dr. _____ First Name _____ MI _____ Last Name _____

Your Name(s) as you'd like it to appear in published materials - Include spouse/partner if you'd like to be recognized together (ex: John and Jane Doe)

- ☐ Please do not list my name in public recognition (ex: Annual Report)
☐ My spouse/partner also contributes to United Way of Franklin County (UWFC) at work; Please combine our gifts for recognition

Spouse/Partner's Name _____ Their Employer _____

Your Employer _____

- ☐ I plan to retire in the next 12 months, please send communications to my home address

Date of Birth _____ Email _____

Home Address _____ Phone _____

City _____ State _____ Zip _____ Phone Type ☐ Cell ☐ Business ☐ Home

I want to be thanked: ☐ By email ☐ By mail ☐ I prefer not to be thanked

YOUR DONATION Please choose how your dollars will impact our community

☐ **Community Impact Fund** - The most powerful way to invest! Your dollars go further with collective impact to touch lives through 20+ local programs. We work with programs to ensure informed decisions are made before investing your contribution locally, so you can have confidence in your giving.

☐ **Direct my gift to a focus area** (check one): ☐ Early Learning ☐ Healthy Living ☐ Financial Stability ☐ Basic Needs
OR

☐ **Direct my gift to UWFC's Endowment Fund** - Support United Way and our community now and into the future by growing our Endowment
OR

☐ Designate my gift outside UWFC to another United Way or 501(c)3 organization (\$55 minimum; Restricted contributions subject to 13% administrative fee)
Agency's Name _____ Agency's Address _____ Amount \$ _____

PAYMENT & GIFT AMOUNT Gifts of \$500 or more are considered Leadership Gifts Donors age 40 and under who give \$250 or more are considered Emerging Leaders

☐ **Payroll Deduction** Please deduct \$ _____ x _____ = \$ _____
amount per pay period number of pay periods/year total gift from payroll deduction

☐ **Monthly Giving**
or Quarterly / Bi-Annually Bill Me (\$25 minimum) \$ _____ (check one): ☐ per Month ☐ per Quarter ☐ Bi-Annually
amount per bill

☐ **One-Time Gift** Check One: ☐ One-Time Payroll Deduction ☐ Check - Make payable to United Way of Franklin County and enclose
☐ Cash - Please enclose with this form ☐ Credit Card (\$25 minimum) - Pay online at uwfcpa.org & click DONATE
☐ Bill Me (\$25 minimum) ☐ Securities - Please call 717-262-0015 when you're ready to transfer funds



I would like to **ADD \$25 to my gift to support Stepping Forward Works**, a career pathway program connecting the unemployed and under-employed to high priority occupations in Franklin County through industry certified training, essential skills development, and job search assistance.

My Total Gift \$ _____

SIGNATURE _____ Date _____

Thank you for supporting our community!

Please retain a copy for your records. For tax purposes, you'll also need a copy of your pay stub, W-2, or other document showing amount paid to charitable organization. No goods or services were exchanged for this contribution. United Way's most current filing of IRS Form 990 is available online at uwfcpa.org.

United Way of Franklin County | 182 S. Second St., Chambersburg, PA 17201 | 717-262-0015 | office@uwfcpa.org | www.uwfcpa.org